

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	6/1
O.I.P.E. CLASSIFIER		8	6-800
FORMALITY REVIEW	ll	823	7/24/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 12-3
2	✓ 5-19
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
11	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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